

THE ALABAMA MEDICAL JOURNAL.

VOL. 12. SEPTEMBER, 1901. No. 10

Original Communications.

SOME SOCIOLOGICAL PROBLEMS IN RELATION TO MARRIAGE, CRIME, INSANITY, ETC.*

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The medical profession is an integral part of society which it builds up or tears down in proportion as it rises above or falls below the moral standard of each community or State.

The responsibilities of the profession are in proportion to its enlightenment and opportunities. We cannot, if we would, free ourselves from responsibility and obligation to humanity so long as we practice conscientiously the profession of medicine.

While in a strict literal sense we may not be "Our brother's keeper," yet, in a broad conception, we are. The medical profession is supposed to understand the normal and be able to recognize the abnormal in the mental and physical of mankind. In a proper understanding of the normal and abnormal we must form some conception of cause and effect. The abnormal is but the effect of a cause operating on the normal. Disease is but a deviation from the normal mentally, morally or physically, and the resultant of some antecedent cause. In mankind cause and effect reach the acme of perfection or the lowest depth of degradation. This is true because of higher endow-

*Read before the Medical Association of Georgia, April, 1901.

ments. The higher in the scale of life the greater the capabilities for good or evil and the greater the resultant effect of existing causes. The standard, physically, morally and intellectually is elevated or degraded by the resultant effects of heredity and acquirement. The transmitted and acquired characteristics of mankind tend to uplift or tear down according to well-recognized principles. The salvation of the world, physically, morally and intellectually, depends on three great causes: First, Heredity; second, Training; third, Environment.

The sooner we, as a profession, recognize the full effect of these great factors in the development of the human race and proclaim them to the general public at every opportunity, the sooner will we reach that acme of perfection designed in the Creation of Mankind.

We are not dealing with this subject from a spiritual or religious standpoint, but from a purely rational, scientific, broad basis, solely with a view of benefitting mankind.

The achievements of the past century in sanitary science with the antiseptic and asptic methods of preventing disease have marked an important era in the world's history.

These achievements have been attained through the physical realm with great benefit to mankind.

In the Twentieth Century it is to be hoped we will enter the moral and mental realm with even greater benefit to humanity. As the moral and mental are higher than the physical, the opportunities for benefit to humanity are increased in the same proportion.

The mental and moral preside over the physical, lifting to higher planes of usefulness or degrading to the level, or even lower than the animal. Purify the moral and mental and then the physical becomes pure. Corrupt the mental and moral natures and the physical becomes diseased. The physical nature being lower cannot overcome and predominate to elevate the degraded moral nature.

The moral and mental natures uplift or degrade the physical at will, according as they are pure or impure.

"Ye shall know a tree by its fruits—shall ye gather figs from thistles?" "As ye sow shall ye reap—the sins of the father shall be visited even to the third and fourth generations," all speak solemn, truthful, burning, everlasting truths which we cannot evade, be we Jew or Gentile, infidel or agnostic, saint or sinner.

There are certain fixed laws that govern our existence and by them we must rise or fall.

We cannot transmit that which we do not possess in substance or possibilities. A child is but the offshoot of the combined natures of father and mother. Its fate is determined by three factors—heredity, training and environment. Heredity is the first primal factor in the

development of the human race, its imperfections may, in a measure, be eliminated by proper training and environment.

It should be the inalienable right of every child to be well born, as they are brought into the world without their consent or knowledge.

The human being suffering with disease brought about by sinful indulgences has no moral right to bring children into the world to suffer for their sins.

I will even carry this principle farther and say, those suffering with hereditary diseases that are a menace to society, transmitted to them, should not bring children into the world to suffer, even though they may have the moral right to do so.

Here it is, discrimination, and judgment should be used so as to do justice to the individual and yet protect the unborn child and future generations.

Because our parents have sinned and transgressed Nature's laws, does not justify us in so doing.

Here I wish to present a broad principle that should actuate all mankind from a sociological standpoint:

No person has any moral right to indulge simply for pleasure or self-gratification in anything not essential to life that will transmit diseased tendencies, mental, moral or physical, to their offspring.

Another broad principle that should govern mankind is—never to engage in anything nor influence any human being to engage in anything that will lower the standard of mankind, mentally, morally or physically.

Some will say this is an infringement on personal rights and liberty. Personal liberty does not constitute personal right. Personal liberty may be right or wrong, just or unjust. The father has the liberty to chastise his own child, which may be just or unjust; the criminal has the liberty to marry and propagate his kind, which is unjust.

The insane, epileptic, tuberculous have the same liberty and, perhaps, some personal right to get married when those diseases are due to heredity.

Persons suffering with insanity, tuberculosis, dipsomania, and venereal diseases brought on by dissipation, should have neither the liberty nor the right to get married and propagate their kind. What moral right has any man or woman to live a life of depravity, producing disease and degradation of their own body and then bring children into the world doomed to disease and suffering before they are born.

Man is a free moral agent, has the liberty to choose good or evil, but certainly has no moral right to choose evil.

No man lives unto himself alone, his deeds live after him in a two-fold sense:

1. By its impress mentally on his associates.
2. By its impress upon his offspring, mentally and physically, in accordance to the laws of heredity, environment and training.

If his sins, vices and degeneration were confined to himself, then he might have some personal right to indulge in them.

A man transmits that which he possesses, bearing fruit after his own kind.

After a careful survey of this question we are forced to conclude that children are what their parents make them by heredity, training and environment. If we desire our children to be robust, healthy children, physically, morally and mentally, we must be so ourselves. The boy cannot smoke cigarettes or chew tobacco, drink whisky, swear, act immoral and sow his wild oats without reaping as he has sown.

You may reform the boy, reclaim the fallen girl, but you cannot make them over, the seeds of vice have been sown, they can never be made as pure as they once were, and as if they had not sinned. Such wayward ones have prevented their full development, crippled their usefulness and, even before they are grown, render themselves unfit for paternity, else they propagate a degenerated race in proportion to effects of their vices.

The farmer rejects the shriveled grain, the stock raiser selects for propagation the best developed stock, not only physically but in traits and characteristics, the florist rejects the imperfect and selects only the pure for cultivation.

Shriveled grain sown in poor soil provided with improper nourishment, develops a degenerated grain. Good stock improperly fed, trained to bad habits, degenerates, and by a law of Nature, soon runs out or is destroyed.

But man, the masterpiece of creation, is allowed all liberty, just and unjust, he indulges in vices of no benefit but of positive harm to himself and propagates a degenerated race, a curse to civilization, a burden to honest people, and this is called liberty and personal rights in an enlightened civilization.

God deliver me from such personal rights and liberty.

When a human being so far forgets his personal obligations to himself, humanity, the State and his own offspring as to habitually indulge in crime, vice and immorality, he should be controlled by legal measures.

What moral or personal right has such a man to marry?

No minister of the gospel or officer of the State should be allowed

to perpetrate such an outrage on humanity as to solemnize such marriages.

As an example and object lesson we quote the following: "The Ben Ismael Tribe," by McCollough.*

"He discovered and identified 1,750 descendants of this man living in Kentucky in 1790, who had been criminals and paupers, among whom 121 were prostitutes. In six generations 75 per cent. of the cases treated in the City Hospital, Indianapolis, were of this man's offspring."

"Prof. Pelman,† of Bonn University, discovered and identified 709 descendants of Frau Ada Jurke, a notorious drunkard, who was born in 1740, and died in 1880. Of these, seven have been convicted of murder, 76 of other crimes, 144 were professional beggars, 61 lived on charity and 181 were prostitutes. This family cost the German government for maintenance, cost of courts, almshouses and prisons, one and a quarter million dollars."

If this woman had not been allowed to marry, been rendered sterile or properly confined, so as not to propagate her kind, it would have been a blessing to her, prevented untold suffering, disgrace and degeneration.

It is certainly the plain moral duty of a State or community to protect itself, to suppress or prevent vice, to care for and protect innocent, helpless victims from being born into degeneration, vice and misery by moral degenerates.

When a man or woman assumes the right to degrade themselves by wilfully indulging in vice and immorality, sinning away their own birthright, then, in the name of Liberty, Right and Justice, I protest against their propagation. In the name of that high honor that should characterize maternal and paternal instinct, I protest!

In the name and behalf of countless victims doomed to degeneration and misery before they are born, I protest!

When a man or woman wilfully abuses the principle of free moral agency the result should fall upon themselves and not others. Such is not a curtailment of their rights and privileges, but a just recompense for their deeds. As soon as they transgress the laws of Nature or morality, they relinquish in the same degree their rights to liberty and freedom.

Liberty may be a blessing or a curse. Liberty to the Mormon means the right to more wives, to the inebriate the right to more whisky, to the profane more profanity, to the criminal more crime, to the degenerate the right to indulge in sin and propagate his kind.

*Bower.—Journal of the American Medical Association.

†Boies.—"Prisoner and Pauper;" p. 76. [G. P. Putnam & Sons, 1893].

That such liberty constitutes right and justice, to the sane reasoning mind, nothing could be more absurd.

We are led to ask the question, who is free and entitled to that inalienable right of absolute liberty?

I answer, he who is born free and kept pure, physically, mentally and morally. If the origin of life be perverted, then contaminated from the cradle to the grave, how can we conscientiously lay just claim to liberty and freedom.

Absolute liberty and freedom means absolute purity.

Every effect must have an antecedent cause.—Virtue, manhood and nobility of character are not the result of chance or luck, neither is sin and degradation, both are just recompense of deeds done in the body.

In the reformation of the world, improvement of the race and the uplifting of humanity, we must get at the primal factors or causes that build up or tear down.

Asylums for the inebriates, reformatories for youthful criminals, homes for fallen women, are to be commended, they do a good work and should be liberally supported, but pause and meditate for a moment, they are but dealing with the effects of antecedent causes. Reform the drinker and change the customs of the society and there will be no inebriates. Give proper paternity and maternity, with suitable training and environment, there will be no youthful criminals.

Establish the same moral standard for both men and women with a high sense of honor, then there will be no fallen women.

It is easier to control crime and immorality in its incipiency than after the floodgates are open. A boy does not develop into a man, a girl into a woman, a shrub into a full-grown tree, at one bound; neither is a drunkard, criminal or a thief developed in a day. We punish the drunkard, the criminal and the thief, which at best is but suppression of the effect of an antecedent cause.

As honest physicians we must seek the truth as revealed by scientific investigation and not ignore lessons taught by practical experience and close observation.

Can any physician as a student of Nature deny the evil effect on the offspring of the habitual drunkard, the inveterate user of cigarettes, of the drug habit, or he who constantly indulges in vice and immorality?

None of these things are essential to the life of a well person, then if they tend to degenerate his offspring, what moral right has a man to indulge in them?

Can any man deny that these are some of the primal factors in the development of the race?

Purity from purity develops, sin from sin grows, regardless of our views and theories, likes or dislikes.

To try to brush aside lightly these questions and call the writer a fanatic, is unmanly and unworthy the high calling of the profession. If these arguments are fallacies, meet them with sound reasoning and help us to arrive at the truth on a more scientific basis. It is certainly self-evident if we desire a pure, noble, well-developed race, we must not only suppress vice, but eliminate its cause in high as well as low estate, dealing with it in its incipency, applying the old adage—"An ounce of prevention is worth a pound of cure."

In the name of humanity and those nobler aspirations that tend to higher planes of usefulness, I urge upon the medical profession an advance stand in the prevention of disease, not only of the physical but of the mental and moral as well.

We desire this association to appoint a committee of three members to act in conjunction with the committee from the Tri-State Medical Society for the study of sociological questions, with a view of securing unity of action, not only of the profession in Georgia, but Alabama and Tennessee also.

This committee with the influence of the medical profession of three States back of them can be a great factor for good in developing the human race. After careful study, with information gained from the profession and discussions at our various societies, the committee hopes to be instrumental in securing legislation on proper subjects and help to educate the public, with the aid of the profession, on lines that will prevent many diseases and much suffering.

So far as the work of the committee from the Tri-State Medical Society has developed, it is our desire to take up:

1. The subject of marriage and propagation of criminals.

In this paper and discussion of these subjects I speak only my individual views and not authoritatively from the committee. I am firmly convinced as a principle of right and justice, habitual and confirmed criminals, should not be allowed to marry nor propagate their kind.

They are a curse to humanity, a menace to society, a traitor to the State and their offspring doomed to degradation before they are born and after birth a burden to society, to be cared for, maintained and controlled by the State.

To render such sterile by human methods would be an act of charity to the individual and a blessing to humanity. This would prevent the development of a host of criminals and retard others from criminal acts.

By his crimes he has forfeited all moral right to marriage and pa-

ternity and is only entitled to protection that he may eke out his own existence. Even if he was impelled to the commission of crime to a great extent by heredity and anatomical malformations, it is only the greater reason for sterility.

2. The marriage of the idiotic, insane, epileptic, tuberculous, dipsomaniac, and those with venereal diseases, will be considered and, if possible, certain restrictions as to marriage will be proposed.

Many a marriage is but giving license and permission for propagation of diseased, crippled, degenerate children, doomed to misery and suffering worse than death.

The regulation and restriction of these several conditions will require discrimination and judgment, which can best be attained by a committee working regularly and harmoniously along these lines.

We hope to get our legal brethren interested in these questions and that they will give us valuable aid in working out these problems.

3. The age of consent in the State of Georgia: What shall we say? My blood almost boils with indignation and words fail to express my opinion of a legislature that would fail to protect the innocent girl from the snare of the seducer.

It's a disgrace to the fair name of Georgia, an ignominious slander on motherhood and a crime against childhood.

Can man possessed of the proper conceptions of paternity with the honor and chivalry of true manhood fail to protect his daughter 12, 14 or even 16 years from the hand of him who would rob her of that which is even dearer to her than life itself?

No man should be counted worthy of the suffrages of the people that would not use all honorable means to protect our girls, and the medical profession should use their influence to prevent any such entering our legislative halls.

4. Child Labor.—It is a question of no little importance and especially so at the present time when cotton factories are being built so rapidly within the confines of our State.

To the casual observer it is evident we need some legislation along the line of protection of children that now work in these factories.

Taken at such a tender age, compelled to work ten to eleven hours per day in bad air, often with improper food and clothing, without education or proper moral training, and what can we hope for?

In many instances the money they earn by sacrificing health, happiness and future prospects is squandered by the father for his own gratification and of no benefit to his family. Shall we stand idly by with folded hands and not make an effort to protect these helpless children and help lift the yoke of bondage from their young shoulders and give them a reasonable chance in life?

Time forbids further enumeration. These are only a few of the many things that affect the development of the race, which we hope to consider later. In conclusion, allow me to state, what I have said is not in a spirit of criticism or fault-finding, but an honest expression of my views, given with a hope of benefiting humanity.

THE TREATMENT OF SCARLATINA.*

By W. H. WILDER, M. D.,

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This disease cannot be cut short a single day by any yet known course of treatment. It runs its course, regardless of medication; serum therapy has been tried, but the results have been nil. It is highly contagious, and therefore, it is the duty of the attending physician to try to prevent its spread, by proper quarantine restrictions, and to watch his case carefully for complications, and treat them as they arise.

Prophylaxis.—The patient should be placed in a large, well ventilated, cheerful, sunny room, from which all carpets, drapery, curtains and unnecessary articles of furniture have been removed, and nothing should be left except what is absolutely necessary for the comfort of the patient and nurse. If possible this room should be on the top floor of the house, which should be placarded "Scarlet Fever." No one except the nurse, physician and mother should be allowed to enter the sick room (which should be kept at an even temperature, say about 70°F.) and they should wear special clothing that can be easily disinfected. Cats, dogs and other pet animals should also be kept out of the room. The attending physician should wear a rubber or cloth apron, covering himself from neck to ankles, put on rubber gloves, and use a stethoscope in examining the heart and lungs. He should remain in the room no longer than necessary, and his apparel should be sterilized and kept at the house in readiness for his next visit. He should thoroughly disinfect his hands, face, hair and beard in a bi-chloride or formaldehyde solution, and should not attend obstetrical or surgical cases while attending scarlatinous patients, but if compelled to do so, he should bathe, disinfect himself thoroughly and change every particle of his clothing.

It should always be borne in mind, that though a case may be very mild, from it may be conveyed the contagion to a healthy child who may have a very severe case.

Formerly a great deal was written about surgical and puerperal scarlatinas, but now it is generally believed that they are not scarla-

*Read before the Jefferson County Medical Society, August, 1901.

tinias at all, but are simply manifestations produced by the poison of the streptococcus, as are most of the complications of scarlatina.

Holt says: "It should be said that many writers deny that surgical scarlet fever is anything more than septicaemia with an erythematous rash. This is undoubtedly true of some of those reported as surgical scarlet fever; but it certainly is not the explanation of all. That some of these are cases of genuine scarlet fever is shown by the fact that they have been known to communicate the disease, and that they are often followed by nephritis and usually by desquamation, although the latter is not invariable. But in the absence of throat symptoms, desquamation and contagion, the diagnosis of scarlatina should be made with extreme caution."

Osler says: "While scarlet fever may attack a person after operation, or a woman in child bed; the majority of cases described as such, represent, I believe, only the red rash of septicaemia. * * *

"It is interesting to note that these cases have become rare with the gradual disappearance of septicaemia."

No dry linen or clothing of any kind should be taken from the room, but should be soaked first, at least one hour, in a strong disinfectant solution, preferably bichloride 1-1000, and afterwards thoroughly boiled; the nose and mouth of the patient should be thoroughly cleansed with clean rags, gauze or absorbent cotton, which should be burned at once.

Jacobi says: "Whether the urine or alvine dejections of the patient can spread the disease, is not quite certain; but as long as there is any uncertainty they ought to be treated as dangerous elements and disinfected and removed." It is safe to treat them as in cases of typhoid fever.

After the convalescent patient has been discharged the mattress should be burned, and so should all other articles in the room that cannot be thoroughly disinfected. The ceiling, walls and wood work of the sick room should be thoroughly cleansed, disinfected and repainted or repapered before using again. Gaseous disinfection is not to be relied on. All disinfection should be done by a public health officer.

It is claimed that schools and public dispensaries are the great disseminators of this disease in large cities; to these sources, in the South, is added the washing of white people's clothes in the houses of the negro where the disease exists and is not discovered, and consequently no precaution taken against its spread from that source.

A child that has had scarlet fever should be compelled to remain in quarantine for at least six weeks, no matter how mild the attack. Children in houses where there are cases of this disease should be kept

away from school for the same length of time. A child that has been accidentally exposed in only a single instance, should be kept away from school about ten days. Of course children with the slightest suspicion of scarlatina should be kept away from public dispensaries, and carefully watched in their homes. The spread of the disease from the negro will probably not be materially checked until more accurate means of diagnosing it in that race are discovered.

In our southern climate, during the warm season, it is better to treat scarlet fever patients in tents.

Treatment.—In a mild attack, where the temperature does not run above 102° to 103°F. , where there is little or no angina and no disturbance of the alimentary track, or other complications, no medicine is necessary, but the patient should be kept in bed and on liquid diet, preferably milk, for at least ten days after all traces of evening fever have disappeared; the physician should keep or have kept an accurate temperature and pulse chart, and look closely and carefully after the throat and bowels and make frequent examinations of the urine (especially after the second week) to see if any unfavorable changes have arisen. A mild angina may be expected in nearly all cases and calls for no special treatment. During the height of the eruption there is an itching of the skin which may be controlled by dusting it with starch powder, sponging with a weak solution of carbolic acid, or inunctions of vaseline, carbolized or plain, and in severe cases an ointment of ichthyol in vaseline or lanoline—strength one to five per cent.; this relieves the itching, facilitates desquamation, and disinfects the scales to a certain extent. Daily spongings with soap and water should be carried on until the patient is discharged. Where the skin becomes irritated by too frequent washings, Holt recommends bran baths. When the temperature reaches 103°F. , or upwards, it calls for antipyretics; of these, sponging with tepid or cold water should be tried first; where this does not suffice, the patient should be put into a cold pack, and kept there from 30 minutes to an hour, and the effect on the temperature carefully observed by keeping the thermometer in the patient's rectum. Ice caps frequently control both restlessness and fever. In more obstinate cases the patient may be placed in a tepid bath and the temperature of the bath gradually lowered to about 80°F. , by the addition of ice; the duration of the bath may be from twenty to thirty minutes and the temperature of both patient and bath should be carefully observed and recorded. Great care is to be observed in drying the patient off and placing him or her comfortably back in bed, so as not to disturb the nervous system any more than possible.

Baths will frequently prevent delirium, jactitations, and spasms quite effectually; small doses of phenecetin are also of great benefit in cases of extreme nervousness. In these cases opium acts quite satisfactorily; it often prevents convulsions, and promotes diaphoresis, thereby relieving crippled kidneys in their ever important work. The coal tar products should not be used.

In certain cases where there is a violent onset of the disease with great disturbance of the nervous system, feeble heart action, and impending danger of collapse, stimulation with brandy or whisky should be begun at once; its effects should be carefully watched, and its further administration governed accordingly. Strychnine and digitalis are very useful stimulants. Should the pulse become more rapid and feeble, the delirium greater, the patient more restless and the temperature higher, the stimulants should be stopped at once; on the other hand, if the pulse become less rapid, stronger and more regular, the heart sounds more distinct, the delirium less, the patient more quiet and the temperature lower, their administration should be continued until convalescence is well established; after this some preparation of iron should be given to relieve the anaemia usually produced by this disease; I prefer the liquor ferripeptonati or the ammonio-citrate as they are palatable and easily taken by children. Where the attack has been prolonged and the child has become emaciated, cod liver oil is a very good reconstructive.

The nose and throat demand especial care; in mild cases a simple antiseptic gargle, for larger children, may be all that is necessary; better results can generally be gotten by spraying; local application to the fauces by means of the brush, or probang, should not be attempted. Weak solutions of carbolic acid, chlorate of potash, dioxide of hydrogen, boric acid, borolyptol, listerine, or other mild antiseptics may be used in the atomiser. Where there is great angina, and pain in the throat, the fauces should be sprayed with a weak solution of cocaine; this will often ease the patient, when other remedies have failed. If there is profuse nasal discharge the nose should be thoroughly syringed out four or five times a day with one of the antiseptic solutions above mentioned, in a weak form. On this particular point, I quote from the able pen of Prof. J. Lewis Smith:

"These conditions require local treatment of the nares. It should be remembered that the Schneiderian membrane is midway in sensitiveness, as it is in location, being between the conjunctival and buccal surfaces and is readily irritated by strong applications. Medicinal applications made to it must be much milder than those which the fauces tolerates. They should always be applied warm, and a

teaspoonful of any mixture properly employed, is sufficient for each nostril at one sitting. The application should usually be made every two to four hours, according to the gravity of the case, and the amount of the discharge. The best instrument for this purpose is a small syringe of glass, with curved neck, and bulbous tip. The child's head should be thrown back, and the piston depressed rapidly, so as to thoroughly wash out the nasal cavity. The application can also be made through an atomiser, with a rounded tip, or a tip covered by rubber tubing."

He recommends one drachm of boric acid and two drachms biborate of soda to a pint of water, as an excellent nasal douche. Cold applications externally to the throat extending from ear to ear, by means of ice cloths, or ice bags, together with small particles of cracked ice given internally will not only relieve a scarlatinous pharyngitis, but will also reduce temperature and produce rest and sleep. Small doses of the tincture of iron, with minute doses of chlorate of potash given every two or three hours, with but little dilution, acts very beneficially, both locally on the inflamed throat, and as an agent to prevent the molecular disintegration of the blood.

Where it is evident that the glands at the angles of the jaws are going to break down, hot applications in the shape of hot poultices applied externally, will hasten the process, when they may be treated surgically.

It must not be forgotten that this disease may be complicated with diphtheria; in such cases the diagnosis is quite difficult, and can be positively determined only by the aid of the microscope; the treatment then of course becomes that of diphtheria.

Should there be a diffuse cellulitis of the neck, it is well to try hot carbolized solutions to the inflamed surface; in some instances it may be necessary to make several superficial incisions for drainage. Where the throat symptoms are severe, and especially where the rhinopharynx has not been properly kept cleansed, there is more or less otitis. This is exceedingly important, as it sometimes causes permanent deafness, especially in the very young, when not properly treated. Dry heat, by means of hot salt, or bran bags or hot bricks under a thin pillow, will relieve the inflammation and pain in mild cases; opiates should be given with the greatest caution, as they ease pain and mislead in regard to the real pathological condition of the drum membrane. Blood letting, by means of wet cups, or leeches applied just in front of the external auditory meatus, will generally relieve pain, and greatly benefit the inflammation. If the pain in the ear does not subside it is advisable to call in a specialist to incise the drum

membrane, after which the patient is usually easy and comfortable, and the inflammation usually subsides. Should pus be allowed to form in the ear, it must be evacuated at once, and not allowed to go on to spontaneous rupture; if this occurs, the discharge should be treated by injecting warm saturated solutions of boric acid, or 1-5000 bichloride of mercury, three or four times a day; the canal is not to be plugged with cotton, oils, powders or other substances.

Probably none of the complications of this disease require more attention than those resulting from the action of the toxins on the kidneys, causing what is familiarly known as "scarlatinal and post-scarlatinal nephritis" with more or less anasarca. On the first appearance of albumin in the urine, means should be promptly adopted to relieve the kidneys as much as possible; the patient must be kept strictly confined to bed no matter how favorable other symptoms may be, and put on a strictly liquid diet, consisting of milk, whey, junket or farinaceous gruels; large draughts of plain or alkaline mineral waters should be taken; small but frequent doses of the saline diuretics act well here. The irritation of the kidneys may be greatly reduced by producing free catharsis and profuse diaphoresis; to this end there should be produced two or three liquid stools each day by the administration of Rochelle or Epsom salt, or compound jalop powder; small doses of calomel act nicely.

The elimination through the skin may be produced by keeping it in the most hygienic condition by frequent sponging and warm baths; and in more severe cases hot packs or vapor baths should be tried; jabarandi may be given internally, and in bad cases pilocarpine in small doses hypodermically, fortified by stimulants to overcome the distressing effects, should be restored to. Enterocolysis at 110°-115°F., given slowly three or four times a day greatly increase the amount of both urine and perspiration.

Where there is great danger of uraemic convulsions, they can sometimes be averted by the use of hot packs and by morphine hypodermically; blood letting has the endorsement of some of the best physicians. It should be immediately followed by intra-venous infusion of normal salt solution.

Where there have been severe lesions of the kidneys the urine should be examined both for albumin and casts, at least twice a week, so as to guide the patient safely in regard to diet, exercise, etc.

The return from liquid to solid diet should be very gradual, and its effect on the kidneys must be carefully observed. Especial care should be taken to prevent the patient from exposure to sudden changes of the weather during convalescence.

There are many other complications and sequelae of scarlet fever such as endocarditis, pericarditis, thrombus, embolism, rheumatism, synovitis, oedema of the lungs, broncho-pneumonia, pleuro-pneumonia, meningitis, chorea, gangrene, etc., which are, for the most part pyaemic manifestations of the work of the streptococcus pyogenes, and as their treatment is just the same as when uncomplicated with, or not preceded by scarlatina, a consideration of them would extend this paper, now already too long, to where you would cease to tolerate it.

MATERNAL IMPRESSIONS.

By R. C. BANKSTON, M. D.,

BIRMINGHAM, ALA.

In your editorial columns for February, you (P) give an article on Maternal Impressions, and, take position, that such phenomena, does not exist.

You state that poisons and virile substances can pass from mother to foetus, because, there is blood, and that impressions cannot pass, because there are, no nerves. You overlook the scientific feature of the cell element of life which is endowed with individual and mixed properties of the physical, mental, motor and sensory elements of either or both parents, and only needs the mother's blood to properly develop. The blood itself, through plasmogenic principle is capable of conveying impressions to the foetus, and its growth and development is affected thereby, just as the infant is affected by mother's milk under great psychic or physical disturbance of the mother. Then, again, disturbance of foetal development can occur, dependent upon the kind, amount and quality of blood received as nourishment from the mother. All who have given the subject thought admit that maternal impression can alter the quality of blood, through interference with assimilative function, therefore it stands to reason (not superstition) that anything which will impress a pregnant woman, will interfere relatively with foetal nourishment. Any alteration of the quality and quantity of mother's blood will certainly impress pro or con, foetal development. Your theory of embryology, is good, to the point where you allude to development of placental circulation. Then, you admit that the child has nerves—after giving the impression in your article that they do not exist. Where has its nerves come from? If from the parent cell, then did not that cell also contain the residuum of impression, which developed simply as other foetal parts and qualities developed.

Under the stimulus of maternal nourishment and psychism, I assert unhesitatingly, it is as possible to transmit forces governing development, as it is to transmit blood. Even though the avenues for such transference, be not so apparent yet it governs development of forces, and their action, according to quality and quantity of force employed. If it has derived nerves from the cell, then we know that mental impression as psychic force is received by the foetus and can be modified through the blood by the mentality of the foetal mother.

To quote from your editorial, "Every analogy points to the position that, except by vitiating the supply of blood—the pabulum of the foetus—the nervous condition of the mother host, cannot affect that foetus." This quotation from your article is all the argument necessary to refute your position. You certainly controvert your own theory. You say ttha maternal impressions cannot and do not exist, because there are no nerves of inter communication. Yet, you state that the quality of the mother's blood is the controlling influence of the foetus. Prenatal psychological conditions exist, and as phenomena, suggests, auto currently with the physical, the demonstrations, usually alluded to as "Maternal impressions," and are not a superstition as you argue. Again you say, "the physical condition of the mother host affects, through improper or vitiated blood food the growth and unfolding of the foetus." You are correct, so far as you go, but why not add, and the transmission of those qualities essential to nerve development, which are imparted to good blood in quantity for development of nerve function in the foetus, from the parent cell beginning? No one will gainsay the influence of mind over body. If individual mind is capable of Auto psychic impression, how natural the conclusion, that the law extends to the uterus, and foetal life. Take hypnosis and the general practicability of suggestion and control of mind by another, without nerve connection, and we have an exhibition of power, comparative to maternal impression. Lets consider it from another view point bearing in mind that parent cells contain every element of life and function. Biological reproduction begins—a rupture, now, when the parent cell ruptures its membranes and finds its way in the tubes it contains the elements of growth and perfection within its microscopic confines, and when fertilized by union with the male cell forms a combination of cell units equivalent to life and function. The maternal nourishment transmitted conveys not alone the principles of nutrition for development, but also conveys psychic impressability, which can be wonderfully demonstrated under extraordinary circumstances, such as grief, fright, anger, etc., we know that emotions make impression on the body altering cell nutrition

during time of disturbance upsetting the regular order of function and transmitting impression to the foetus, arresting nutrition, and involving structural change, apparent in the body and life of child, and though intercommunicating nerves are absent, yet does a vital medium exist through the blood, transferring, force, and conveying impressions, consequently, the theory is as sound as if it were grounded upon a Biological Gibraltar.

Any ideas, or theories upon the subject not in line with the affirmation of maternal impression, is vague musing and the summer fallacy on an idle dreamer. Though his argument may be plausible and forcibly set forth, yet is it fallacious and will only be entertained by those who have given the subject superficial thought.

That it exists, has been shown in many instances. Therefore, we assert, maternal impression, has no requirement for direct nerve intercommunication and can be conveyed through blood cell principle, or suggestive forces, instead of through nerve fibre. The psychic forces, as phenomena, are admitted, and, maternal impression as force, exists and is a potency in the formation and development of the child and any factor, interfering with its equanimity, results in a malformation, or no formation.

You also allude to analogies existing among marsupials; if they exist, then why cannot maternal impressions? which is not more peculiar than the state existing among some of the lower orders.

Please do not construe this article as a refutation of yours, but simply an assertion of my views on the subject of maternal impressions. I hope to excite enough interest among your readers to have several of them give us their views on the subject.

A PLEA FOR THE BROADER TREATMENT OF EPILEPSY.

By WILLIAM P. SPRATLING, M. D.,

Medical Superintendent Craig Colony for Epileptics; Member American Medico-Psychological Association; New York County Medical Society; Buffalo Academy of Medicine; Rochester Pathological Association; Secretary National Association for the Study of Epilepsy, etc.

Because of the great range and variety of its symptoms, no one of which is pathognomonic, epilepsy is unlike any other disease; and because of its protean character, it is most difficult to treat.

The old definition declaring it to be "a disease characterized by tonic and clonic convulsions and followed by loss of consciousness," is happily passing from the field of scientific medicine. As difficult as it is to form a satisfactory definition of insanity, it is more diffi-

cult still to formulate one that will describe epilepsy, for as yet its etiology is too obscure; its manifestations too varied and inconstant; its results too unequal; its pathology too little known.

It is my conviction that a broader treatment of epilepsy cannot be successfully undertaken in the absence of a broader and clearer understanding of its many causes; forms, phases and manifestations, and I propose to speak of some of these at this time in the briefest manner possible.

Like insanity, epilepsy is most likely to develop at certain ages, though its epochs are not so numerous as are those of insanity.

In a paper read by the writer before the New York County Medical Society in 1894, the data for which was obtained from a study of several thousand cases admitted during a period of fifteen years to the New Jersey State Hospital at Morristown, reference was made to six distinct epochs at which insanity was likely to occur, all of them being strictly physiological save the epoch of heredity, that being patho-physiological, the term being used to include several cases in which insanity developed in the offspring at the same age it appeared in the parent.

As yet we have been unable to establish a corresponding epoch in epilepsy, though I would not say it does not exist. Early childhood, from the sixth month to the seventh year; puberty, in the female from the thirteenth to the fifteenth year, in the male from the fourteenth to the sixteenth year; maternity; the epoch of heredity; the menopause and senility; were the six epochs named.

The relative frequency with which epilepsy and insanity arise at the different epochs they share in common, differs greatly. Epilepsy is vastly more common in childhood than later in life, while insanity is rare in childhood. In fact, of the six epochs, they share but three in common; early childhood, when, as just stated, insanity is rare and epilepsy common; puberty, when either epilepsy or insanity may arise in equal proportions; and senility, when insanity, or physiological decay, is common and genuine epilepsy extremely rare.

In mentioning these coincident periods that favor the development of these two diseases, let me call your attention to the important fact, that in their effects on the mind they are much alike, both attacking the individual when the organism is passing through a period of profound physiological disturbance and is least fitted to withstand it; both having a common basis in the brain, and both impairing, to some degree, the faculties of the mind.

Epilepsy is essentially a disease of early life. The epileptic age begins in infancy and terminates in nearly 85 per cent. of all cases

before the twentieth year; and in 16 per cent. of all cases it comes on before the end of the third year.

What causes its development so early in life? To this there is but one answer, and that is, heredity and stress.

Under heredity we have as factors in the family that predispose to, or cause the disease in the offspring, in the order of their importance:

Epilepsy, alcoholism, insanity and tuberculosis, and in some cases to an extent not yet determined, syphilis when it affects the central nervous system, and possibly rheumatism.

Under stress, we have the following causes acting intrinsically or extrinsically, and which do not require a soil prepared by heredity to cause the disease, but which makes its origin more certain if such preparation has been made.

External Violence—Such as a blow on the head.

Internal Violence—Such as hemorrhage in the brain, or on the brain.

Psychic—Such as shock from any cause.

Chemical—Such as the presence of toxæmic substances in the gastro-intestinal canal.

First taking up epilepsy itself in the parent as a cause of the disease in the child, we found that out of a total of 1,070 cases, 660 males and 410 females, it was transmitted to 15 per cent. of the males and 17 per cent. of the females, or 16 per cent. all told.

Alcoholism was established as a family cause in the same 1,070 cases; in 111 males and 51 females, 16 per cent. of the former and 12 per cent. of the latter, the aggregate for the two being 14 per cent.

Insanity in the parents in the same cases caused the disease in 49 males and 42 females; 7 1-2 per cent. of the former and 10 1-2 per cent. of the latter.

It seems clear that more males acquire epilepsy as a result of alcoholism in the parent than do females, while more females acquire it as a result of insanity in the parent than do males.

Tuberculosis was definitely established in the immediate ancestors in 101 males, or 12 per cent., and in 50 females, or 14 per cent.; the two combined giving 13 per cent.

Collectively, we found either epilepsy, alcoholism, insanity or tuberculosis, and in some cases two or more of all these, to be hereditary factors in 56 per cent. of the 1,070 cases studied, leaving 44 per cent. not due to inherited causes.

Now besides the active and important part played by heredity in this disease, we must also consider the influence of stress, and can best do it under the subdivisions laid down above.

As to the frequency with which external violence causes epilepsy, I can present no figures at this time, and only make the general statement that trauma is sometimes responsible for the disease.

Children often get a blow on the head and nothing is thought of it until years after when, convulsions arising, the blow is recalled and the convulsions ascribed to it. We ought to be careful in accepting without challenge such a cause, especially in cases where heredity is bad.

A blow on the head that crushes the skull so that it injures brain tissue, and is followed by convulsions in a case never before having convulsions, does not, to my mind, any more imply the presence of epilepsy than do the convulsive movements of the frog subjected after decapitation to the irritation of a galvanic current.

Convulsions alone do not constitute epilepsy; but in a case of brain injury, unless the irritation is removed within a reasonable time, and the length of this time depends upon the stamina of the individual, the convulsions may become fixed and eventually acquire all the characteristics of and pass into true epilepsy.

There is but one safe rule to follow in such cases, and that is to repair the injury as soon as possible.

Internal Violence—Hemorrhages within the brain or beneath its coverings was found to have caused the disease in 116 cases, or 11 per cent of the entire number studied.

The brain palsies of early life that cause epilepsy may be manifested in the form of hemiplegia, paraplegia, or diplegia; the two latter being comparatively rare.

The seat of the lesion in these cases is to be found in the hemispheres, the central motor neurons being involved in that part of the direct motor tract which extends from the brain cortex to the spinal cord as far as the anterior horn.

Brain palsies oftenest occur during the first three years of life. About one-third of all cases are congenital; the rest being due to injuries received at birth, to the stress of dentition in favorable subjects, and to causes that lead to embolism and thrombosis; these being injuries and the infectious fevers, such as pneumonia, whooping cough, measles and scarlet fever.

Sixty-seven of the 116 cases were males and 43 females—62 suffering from left and 51 from right hemiplegia, three being diplegies.

We have seen many epileptics whose disease was caused by a cerebral palsy, and in which the cause had gone unrecognized, because the marks of the paralysis had become so indistinct.

It often requires the most careful inspection with the patient completely stripped, with accurate comparative measurements of the legs

and arms, the testing of the muscular power and of the various reflexes, in addition to a close and systematic inquiry into the patient's early personal and family history, to bring the true cause to light.

There is no question but what the stress of psychic violence, if I may so use these terms, sometimes causes epilepsy. Three cases of the kind in young children have come under my observation during the past two years. It was caused in two of them by the violence of a drunken father and in the other by the attack of a vicious dog.

Chemical causes, in my opinion, play an important role in the production of epilepsy, and by chemical causes I mean all toxic agencies generated in the body or introduced from without.

It seems that there must be some local relationship between the gastric aura, which we find in nearly 20 per cent. of all cases, and the epilepsies due to gastro-intestinal poisoning; nor is it unreasonable to suppose that serum therapy may not some day be used to advantage in the treatment of cases of this kind. This is not surprising after the statements recently made by Dr. Ford Robertson, pathologist to the Scottish asylums, that paresis is not primarily a disease of the brain, but has its origin in toxæmic conditions in the intestinal canal.

So far we have learned two things:

First. That nearly 85 out of every 100 epileptics acquire the disease before they reach the age of 20 years.

Second. That the four factors in heredity: epilepsy, alcoholism, insanity and tuberculosis, in addition to the cerebral palsy cases of early life, constitute 67 per cent. of all the cases we have to deal with.

These facts furnish a good working basis for treatment thus far. It teaches us that the time to treat epilepsy is when the epileptic is young and the disease but recently developed. Not many cases of epilepsy can be cured, but no one can say offhand what case is curable and what is not.

I believe that much of the surgical work done for the relief of epilepsy should not be done. In some cases the operation is put off until the disease has become so thoroughly established that it is not removable by any means, and least of all can it be excised with the knife. Again, I have seen many trephinations done in cases in which the epilepsy was unquestionably inherited. I believe the great principle of non-nocere should be made to apply in these cases. Before we do any sort of an operation for the relief of epilepsy, we ought to study the case closely from every side, taking into account hereditary factors, if any; the character, frequency and duration of seizures; and especially should we consider the mental condition of the patient at the time, for if this has been impaired, I question whether an opera-

tion is ever justifiable as a means of cure; but I do not say it should not be done as a palliative measure.

Nothing is further from my mind than to create the impression that epilepsy is incurable and that but few, or none, can be benefited, for I know by experience that some of these cases can be cured and that fully 75 per cent. of all, irrespective of cause or condition, under systematic and long-continued treatment, can be greatly benefited. I only plead for a closer inquiry into the cause of the disease, in order that broader forms of treatment may be instituted.

AN IMPORTANT RULING CONCERNING A PHYSICIAN'S FEES.

A very important ruling was made by Judge Armstrong, at Camden, N. J., on August 2d. Dr. Godfrey, who had attended a woman for four years put in his claim as a preferred creditor for \$394 against her estate, after her decease. It appears that the patient had been suffering from Bright's disease and, while under Dr. Godfrey's care, had been recommended by him to go to Bedford Springs, where she died. While she was there, another physician attended her. The claim was made by the defendant estate that, not Dr. Godfrey, but this other physician, who was called in at the last, attended the patient in her last illness, and that, therefore, Dr. Godfrey had no locus standi as a preferred creditor. In this point of view the court, very properly as it seems to us, declined to concur, but ruled, on the contrary, that Dr. Godfrey did attend the woman in her last illness. It seems to us to be clear that as the attendance was continuous over the period of the illness which ended fatally, until the patient, at Dr. Godfrey's advice, went to Bedford Springs; her being there was in fact part of the treatment prescribed by him; and, unless it could be shown that the patient had actually dismissed him after going there, it must reasonably be assumed that she continued to carry out his treatment in general, notwithstanding the presence of another physician, whose attendance should be regarded in the light of auxiliary aid in an emergency, much as would be the case were the nearest physician summoned say, in an attack of haemoptysis, when the doctor under whose continued care a tuberculous patient was, did not happen to be at home. Surely both physicians in such a case would be properly held to have been in attendance during the last illness.—New York Medical Journal.

Selected Articles.

THE PRACTICAL MANAGEMENT OF SMALLPOX.*

By M. K. ALLEN, M. D.

Directly after the return of the soldiers from the Cuban war to the United States there commenced one of the most widespread epidemics of smallpox this country has ever experienced. This epidemic has entailed a cost to the people of this country of millions of dollars in the way of vaccination, isolation, and the caring for those afflicted with the disease, and millions of dollars in the loss sustained to business, not to speak of the loss in life.

The disease has prevailed in a mild form, and the death-rate has been low. Many counties in this State have had to contend with the disease, and, aside from loss of life, the direct pecuniary loss has been over a quarter of a million dollars, to say nothing of the business loss and embarrassment.

It has therefore occurred to me that it might not be uninteresting to at least some members of this society to give a short, concise statement of the methods which have been employed by the health department of this city during the past two or three years in the management of smallpox.

At the suggestion of the health officer, an ordinance was adopted and became effective Feb. 6, 1899, Section 11 of which reads:

"It shall be the duty of all inhabitants of the city of Louisville, who have not been vaccinated, or, if vaccinated, not successfully, to procure their own vaccination, or revaccination, as the case may be, within ten days from the passage of this ordinance; and all persons who shall fail or refuse to comply with this section of the ordinance within the time prescribed herein, or shall fail or refuse, on demand of the health officer, to submit to vaccination by him or by the physician of the eastern or western districts, or some other reputable physician of the city of Louisville, shall be fined in any sum, not less than five dollars nor more than fifty dollars for each offense."

Section 12 of the same ordinance reads: "No principal of any school and no principal or teacher of any private, sectarian, parochial, or other school shall admit to any school any child or minor who shall not have been properly vaccinated. The evidence of such vaccination

*Read before the Kentucky State Medical Society, Louisville, May, 1901.

shall be a certificate signed by the health officer or any practicing physician."

Section 13, same ordinance, reads: "The health officer is hereby empowered to visit any and all public, private, and parochial schools in the city, and to make or cause to be made an examination of the children and minors in attendance therein as often as may be deemed necessary to secure compliance with the provisions of this ordinance."

It will thus be seen that the health officer of this city is clothed with full authority to compel vaccination, and this discretionary power is exercised without fear or favor. I am glad to be able to say that meanwhile the more intelligent part of our community voluntarily seek vaccination. The enforcement of the ordinance in reference to the public schools is done in a very thorough and systematic manner.

It is the custom of the health officer to confer with the superintendent of the public schools in the months of October and February of each school year, which results in the principals requiring teachers to report to the superintendent the number of unvaccinated children applying for admission to the various schools in the city.

When the superintendent has acquired this information, he in turn notifies the health officer of the exact number of children to be vaccinated. A program is then arranged by the superintendent of schools and the health officer whereby the principal of each school is notified of the day and hour when a physician from the health department will be present for the purpose of vaccination. The pupils to be vaccinated are in turn notified to present themselves with perfectly clean arms at the time appointed to receive the operation of vaccination.

By a strict adherence to the program as outlined, the entire unvaccinated public school population are reached within a week or ten days, twice in each year, and oftener if thought advisable. Being governed by the reasonable desire for the protection which vaccination affords, many of our more intelligent people who employ help, acting upon the advice of the health officer, require evidence of successful vaccination as one of the conditions of employment. We use both points and hermetically-sealed glycerinated glass tubes, rather preferring the tubes, as our experience leads us to believe that there is less inflammatory action ensuing.

In our hands most marvelous results have been obtained, at least ninety per cent of primary vaccinations proving successful, if the operation is done after the following fashion:

Site. The insertion of the deltoid in the left arm is to be preferred in children who are old enough to walk, and in adults. The outer side of the thigh below the junction of the lower and middle thirds may be

chosen in women and infants, sometimes also the junction of the middle and upper third of the leg on the outer side.

Asepsis. The hands of the operator had best be thoroughly scrubbed with soap and water before undertaking this little operation. The point of vaccination should be thoroughly washed with a brush and soap, then with plain water, and lastly with alcohol on a piece of sterile gauze or cotton, allowing the alcohol to evaporate.

Scarification. Scrape at least two surfaces not over three-eighths inch each in diameter, sufficiently to bring a little blood or serum. An ordinary cambric needle is the best scarifier, and this should be passed through a flame before using.

Virus. Use preferably glycerinized virus; rub it thoroughly into the scarified area with a small piece of wood which has been previously boiled. Allow the part to dry in the air; no dressing is necessary.

I have dwelt upon this feature of this paper, because vaccination is not only an absolute preventative against the inception of smallpox, but, should the disease by any means get a foothold, vaccination and revaccination will rapidly and surely eradicate it.

The truth about the matter is, that the time has come when failure on the part of any community to gratuitously, regularly, and systematically practice vaccination as a prophylactic measure is as criminal as it would be on the part of a practicing physician to neglect the use of antitoxine in diphtheria, mercury and iodine in the treatment of syphilis, quinine in the treatment of malaria, salicylates in the treatment of rheumatism, or atropin in the treatment of opium poisoning.

So much for vaccination. We will now hurriedly refer to our practice in reference to isolation. The health officer recommended the following, which became a law in this city Feb. 6, 1899: "That any person who shall have the smallpox and refuse, on the demand of the health officer, to be sent or to be taken to the Eruptive Hospital, or to remain at said hospital, after being sent or taken thereto, during his or her illness from said disease or before being discharged therefrom by its superintendents, shall be fined not less than twenty-five dollars, nor more than one hundred dollars, for each offense."

It will be observed that the health officer has absolute authority to compel isolation by having all persons conveyed to the Eruptive Hospital, which is situated at least five miles from the city on a large tract of land which belongs to the city. Since I have had the honor to be health officer of this city, we have had six hundred and sixty-one cases of smallpox, and that you may know how I have exercised my authority in this direction, I report the fact that out of this number all were sent to the Eruptive Hospital, and thus put in complete

isolation, with the exception of nine persons, and they were in such physical condition that their lives would have been endangered by removal, and I will say that three did die within forty-eight hours.

When a suspected case of smallpox is reported to the health department by a physician or otherwise, one of the physicians connected with the office, who is experienced in the diagnosis of this disease, visits the suspected case, and if found to be suffering from smallpox, the ambulance is immediately telephoned for, and the patient is removed to the Eruptive Hospital. The physician then vaccinates the immediate neighborhood. The next step is to send an inspector from the health office who knows his business, and all the old bedding and woolen fabrics in the infected house are saturated with coal oil and cremated, the city remunerating the owners of the property thus destroyed.

The infected house is then tightly closed and fumigated with formaldehyde gas. We use the H. K. Mulford regenerator and a forty per cent solution of formalin. Health departments all over the country after having tried all known means of disinfection have almost unanimously concluded that formaldehyde is the most destructive agent of germ life now known, and our own personal experience fully justifies this almost universal opinion. I am enabled to say that in almost every instance, when cremation and formaldehyde disinfection for a period of from four to six hours has been practiced, we have not had a recurrence of smallpox.

While formaldehyde gas is a destroyer of odors, it has scarcely any odor itself, and it does not attack metals, as does sulphur and other substances which are sometimes used for disinfection. In the use of this agent for the destruction of germ life it is necessary to first close the windows, doors, and other openings of the room or rooms to be disinfected as tightly as possible with folds of paper, wet batting, or old cloths. Bed clothes, carpets, and other fabrics should be lightly spread over chairs and bedsteads. The amount of formaldehyde to be used in any given space can be obtained by multiplying together the length, breadth, and height of the room or rooms, and then allow from eight to twelve ounces of forty per cent solution of formaldehyde to each one thousand cubic feet of room space to be disinfected.

It will be thus seen that it would require thirty fluidounces of formaldehyde to properly disinfect a room 15x20, with a ceiling 10 feet high. This amount of formaldehyde will be evaporated in about forty minutes. The space thus treated should be kept closed from six to twenty-four hours.

There has recently been placed upon the market a para-formaldehyde candle, put up in two sizes, which can be used as are the candles

of sulphur dioxide. These candles consist of para-formaldehyde incorporated with a small proportion of paraffine and pressed in cylindrical form.

These candles are supplied in a tin container or burner, to which a limited amount of oxygen has access during operation, so as to support combustion only at the bottom of the candle, and by burning in this manner the heat produced causes the solid para-formaldehyde to revert to the gaseous formaldehyde.

The smaller of these candles contain three hundred and fifty grains each, and when ignited generate sufficient gas for the surface disinfection of a room not exceeding three hundred cubic feet capacity, and by increasing the number of candles, in the proportion of one candle to every additional three hundred cubic feet of air space, any sized room can be disinfected. The larger candles, containing seven hundred grains of paraform, are useful in disinfecting larger spaces, such as halls, churches, and school houses.

Exhaustive tests have been made by the bureau of bacteriology of the health department of the city of Buffalo, N. Y., as to the destructive efficiency of these candles. These experiments have fully developed the fact that all pathogenic microbes and spores are energetically destroyed, without exception, by their proper use.

It should be remembered that formaldehyde gas disinfection cannot be positively relied on so far as glazed surfaces, such as china, marble, metal, etc., is concerned, and that subsequent washing of these surfaces should be practiced with a solution possessing such recognized properties as a five per cent solution of formalin, carbolic acid, or some other disinfecting solution possessing solvent and penetrating germicidal powers.

I will say for the information of any one who may wish to try these candles for disinfecting purposes in any character of contagious diseases, he can be put in communication with the State agent by communicating with the health department of this city.

Now, to sum up the suggestions contained in this paper, which is already too lengthy, I will say that vaccination and revaccination promises absolute immunity against variola, one of the most disgusting diseases with which the human family have to contend. Secondly, that perfect isolation completely checks the spread of variola, and thirdly, that disinfection properly performed with formaldehyde gas does, beyond any reasonable doubt, destroy bacterial life. If these three methods as suggested will accomplish what is not only claimed in this paper, but confirmed by the experience of the whole world and admitted by all intelligence, both professional and otherwise, why should smallpox prevail in any community? And are not those in

official authority morally responsible for not providing the proper means to prevent sickness and death from such a disgusting and loathsome disease as smallpox?—The American Practitioner and News, Louisville.

ON THE FREQUENCY OF ASTHENOPIA—ESPECIALLY IN AMERICA.

By LUCIEN HOWE, M. D.,

BUFFALO, N. Y.

We have long since agreed that the term asthenopia shall be used to designate that familiar group of symptoms which includes discomfort or pain for near work with blurring of vision and perhaps some injection of the conjunctiva or lachrymation. But while we find this term convenient, it is also indefinite—especially so when we do not keep in mind the variety of asthenopia, whether accommodative, muscular, or central.

I. Remembering thus the general character of the term, the first fact to which attention is here directed is, that cases of asthenopia form one of the largest classes of any which we are called upon ordinarily to treat. Although this fact is so obvious, it is nevertheless difficult to demonstrate by figures, because the classification of diseases in institutions seldom or never includes the term asthenopia. It is possible, however, to approximate the number, for we know that nearly always asthenopia is associated with anomalies of refraction and of accommodation, and with muscular insufficiencies, and therefore the proportion of these cases gives with certain modifications, an indication as to the frequency of asthenopia. It is true that nearly all myopes and very many hypermetropes have no trace of asthenopia. But making allowance for these and also for those whose discomfort is trifling, there still remains so large a proportion of really annoying asthenopia as to make that group of cases in every enlightened country next in size to diseases of the conjunctiva and cornea. Indeed it is generally recognized that in private practice among the educated, the cases of asthenopia constitute by far the largest class.

II. Again, it is apparently the fact that the more annoying types of asthenopia, the muscular and central forms, occur more frequently in the United States than elsewhere.

As the term asthenopia is elastic, it would also be difficult to state the frequency of such cases in figures. I am not aware that any attempt has been made to do so, but it is an observation familiar to those who have had opportunities to compare the hospital or private practice in this country with that of England, France or Germany.

It is not intended to state that the average American is not as strong, in other respects, as his brother across the Atlantic. The contrary has been shown, as is well known, by Dr. P. C. Knapp and others. Dr. H. P. Bowditch has found from measurements of the American school boy that he is as good a physical type as the boy at Eton or Rugby. Dr. B. A. Gould in like manner found that our soldier was the physical equal of the European. Our athletes bring back at least their share of prizes from abroad and our yachtsmen have held the cup for over fifty years.

But, on the other hand, Javal has expressed the opinion to Roosa that asthenopia is more common in New York than in Paris, and this is also held by Bull, of Paris, whose extensive practice first on one side of the Atlantic and then on the other has afforded unusual opportunities for observation.

Important evidence on this point is furnished by Dr. George M. Beard in a monograph on Nervous Exhaustion and Neurasthenia, published so long ago as 1879. Most of the cases which he described are really types of asthenopia. In the first chapter he says, "there is a large family of functional nervous diseases which are increasingly frequent among the indoor classes of the civilized countries, and they are especially frequent in the northerly and easterly parts of the United States. The observations which compose the greater proportion of his monograph are carefully made and systematically arranged, and although some of the views advanced must necessarily be modified by the light of subsequent investigation, the conclusion which he reaches seems to be entirely warrantable.

He observes that the geographical distribution of this class of diseases is not everywhere the same; as they appear to be less common in Germany and Russia, Italy and Spain, more frequent in France and still more frequent in England. Above all, he considers neurasthenia to be an American disease and in that definition he includes, as before remarked, what we all recognize as forms of asthenopia.

The late Dr. Henry D. Noyes, of New York, presented as long ago as 1876, an analysis of 1079 cases of asthenopia which came under his observation—rather a large number even for an industrious practitioner.

Personally, as I compare the experience of twenty-seven years' practice here, and that obtained during ten visits among our confreres in England and on the continent, the impression becomes stronger, as before remarked, that such cases are decidedly more frequent in the United States. Moreover, it is natural that this should be so, for the following reasons:

(a) Carelessness.—Americans use their eyes more under unfavora-

ble circumstances than is done elsewhere. Our newspapers and periodicals are many times more numerous and larger than in any other European country. The print is often poor, we read more when traveling or wherever we happen to be, in a few minutes of leisure, too frequently regardless of proper illumination or other requisites for the natural use of the eyes.

(b) From causes affecting the nervous system.—It is a saying with the Europeans that while he makes money to live, the American lives to make money, and however that may be, the hurry and mental strain of our American life makes greater demands upon the nervous system than does the more quiet routine of life elsewhere. This fact also is so well recognized as to require no comment.

(c) From causes affecting the digestive tract.—It is probable that this is of some importance. Americans not only eat more meat than do continental nations, but we do not take time to masticate it properly, and there may be an insufficient amount of fluids ingested as compared with that in wine or beer drinking countries. The fact that dyspepsia in various forms and appendicitis are so common in America, also indicate that there is some factor here which exerts an unfavorable influence upon the digestive tract and indirectly thus upon various organs.

III. Even if there should be a doubt that annoying forms of asthenopia do occur more frequently in the United States than in Europe, there is no doubt concerning another phase of this subject, which is, that a larger number of these asthenopic persons do apply for relief in the United States. This is especially apparent to German or English ophthalmologists who are so situated as to have a clientele including many Americans.

Thus, one of our most honored and illustrious confreres, located in a German university town, which happens to be also a resort for Americans, said to one visitor, "your American eye-doctors frighten patients into glasses, and then the patients frighten themselves about them." In spite of an opinion from so distinguished an authority, it would seem that there are other causes which induce patients in America to seek relief sooner than patients do elsewhere. These are:

(a) The mental attitude of the average American in regard to glasses. He desires to see as distinctly as he can and prefers the inconveniences of glasses to any discomfort from asthenopia. This is true of American women also, young or old. This is even true, to as great an extent as is possible, of those other women of rather uncertain age who naturally fear that the possession of a pair of glasses indicates that they are approaching middle-life. Especially is the objection lessened, when the optician assists in the self-deception by making the eye-glasses becoming or even ornamental.

(b) The average American practitioner is better supplied with appliances for detecting the causes and varieties of asthenopia than are his confreres in Europe. In addition to the all-important test case we find now almost invariably that he is equipped with an ophthalmometer, with aphorometer, together with other appliances for testing the static and dynamic conditions of the muscles, and occasionally has appliances for measurement of relative accommodation, which in Europe are to be seen only in a physiological laboratory.

When an American ophthalmologist visits his professional brethren in their offices in Germany, he is struck with the lack of appliances for properly testing this important class of cases.

(c) American ophthalmologists use these appliances to make more accurate corrections of ametropia and of muscular anomalies than is customary in Europe.

It may seem strange that the countries which have produced Helmholtz, Graefe, Donders and Javal should not also be those to carry into practice the important lessons taught at home. Apparently, however, that is not the case.

It requires some time for American ophthalmologists as a class to be convinced that the correction of half or even a quarter of a diopter of astigmatism was of any importance. Gradually, however, the majority have reached that conclusion. We have learned that attention to the details of ametropia and of heterophoria, apparently insignificant, make all the difference, in some few instances, at least, between persistent headaches and perfect comfort.

(d) The skill of the optician assists to no small degree in the treatment of these cases of asthenopia. In nearly all of our cities of any considerable size we now find one or more opticians who themselves grind spheres and cylinders accurately and promptly, setting the glasses in frames which are neat and comfortable.

They have long ago learned to make bifocal lenses, so that certain hypermetropes or myopes who have passed middle-life find such lenses one of the essentials of comfortable existence. And yet, even this simple appliance is exceptional, in a country where the theory of optics and the skill of the workman otherwise is as far advanced as in Germany. During the last year the writer of this, who wears bifocal lenses, attended the meeting of the German Ophthalmological Society in Heidelberg. Such glasses were so unusual as to attract attention and several of the members did not hesitate to express their curiosity by inquiries concerning them. We must conclude, therefore, that cases of asthenopia form not only one of the largest groups which we are called upon to treat, but that the proportion of the severer cases is somewhat larger in America than in other countries, this being due to the

injurious effects of our national habits upon the eyes themselves, upon the nervous and digestive system.

Also, it seems quite certain that a larger proportion of all the cases of asthenopia apply for relief in the United States than do so elsewhere the reasons of this being the comparatively slight aversion of patients to the use of glasses, to the fact that the average American ophthalmologist is better equipped than his foreign confreres for detecting errors of refraction and of muscular balance, that he takes pains to correct even small variations from the normal condition, and that the American optician has much more complete appliances for grinding glasses accurately, and fitting them satisfactorily, than has the average optician of any other country.—Buffalo Medical Journal.

THE EARLY DIAGNOSIS OF LOCOMOTOR ATAXIA.

The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb. (Med. Wochenschr.) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhombberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Author insists on the necessity of laws investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, Antikamnia and Salol Tablets have been found most excellent when given in doses of two tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well-known.



Editorial.

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The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

We cannot promise to furnish back numbers.

SUBSCRIPTION \$2.00 A YEAR, IN ADVANCE

The editor is not responsible for views expressed by contributors.

All communications should be addressed to
THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Wounds of the Heart.

It is of interest to the profession of Alabama and especially to the officers and members of the Jefferson County Medical and Surgical Society to know that an essay on "Wounds of the Heart with a report of 17 cases of heart suture" read by Dr. L. L. Hill, of Montgomery, before that Society on November 12th, has attracted very wide and favorable criticism. Medical literature on this unique and interesting subject is very rare and Dr. Hill deserves much credit for his collection of cases. In a pamphlet of 16 pages he has presented this valuable essay to the profession. The London Lancet of February 16, 1901, has a complimentary editorial on Dr. Hill's paper. Mr. Reginald Har-

rison, Carl Beck and Prof. Burrell have also commented most favorably upon it. It was no doubt, in the main, the publication of this essay which caused the editor of the "Reference Hand Book of the Medical Sciences" to invite Dr. Hill to prepare the article on the "Wounds of the Heart" for the forthcoming volumes which will appear during the winter. We understand that Dr. Hill has accepted the honored invitation. In the previous edition the article on this subject was written by Prof. Alfred Loomis.

Substitution.

A subject to which at this time a number of the Medical Journals are calling attention, is that of substitution. It is to be regretted that this nefarious practice should seem to be on the increase. In this day, when so much is required of the physician in his preparation to enter the practice of medicine, when he must show that he has a correct knowledge of the diagnosis and treatment of diseases as well as that of therapeutics, it is, to say the least of it, a deplorable fact that he should be placed in a condition of uncertainty when his prescriptions are liable to be filled by unscrupulous pharmacists. Our lawmakers have enacted laws, requiring that the food we eat shall not be adulterated. Our sanitary authorities closely investigate the quality of the water that we drink. In cities, under the law, examination is made of meat by inspectors and yet the dishonest druggist is allowed to go on year after year, prospering in his business of substituting one thing or other, filling prescriptions from any preparation which may be convenient to him. The only question of vital consideration which seems to concern him is the cheapness of the article used. In this way not only is the reputation of the physician endangered, but many a time the life of the patient is also jeopardized. It is unnecessary to go into a lengthy argument of this vicious practice, and to call attention to the great wrong which is being perpetrated in many quarters, and the serious danger which the physician and patients are subjected to. It is sufficient to say that any druggist who is known to substitute should be reported to the Medical Societies and the medical profession could do nothing less, or should do nothing less than to place such an unreliable person under the ban of the profession, and under no circumstances allow a prescription to be filled by anyone proving to be guilty of substituting.

At a recent session of the Legislature of Tennessee, the following bill was enacted into a law: Such law should be upon the statute books of every state:

AN IMPORTANT LAW—HOUSE BILL NO. 320.

An Act to prevent the substitution of any drug in filling physicians' prescriptions by druggists in the State.

Section 1. Be it enacted by the General Assembly of the State of Tennessee, That it shall be unlawful for any corporation, firm or person, or any combination or association of corporations, firms or persons engaged in the business of buying, compounding and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

Sec. 2. Be it further enacted, That it shall be unlawful for any agent or employe of such persons, firm or corporation or association or combination of persons, firm or corporations engaged in the business of buying and selling drugs in this State to substitute any medicine for the specific medicine mentioned in the physician's prescription.

Sec. 3. Be it further enacted, That any person, firm or corporation violating the provisions of this act, or aiding or abetting the violations of the same shall be guilty of a misdemeanor and upon conviction shall be fined not less than \$25 nor more than \$100 for each and every offense.

Sec. 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

Approved April 3, 1901.

Benton McMillin, Governor.

E. B. Wilson, Speaker House of Representatives.

Newton H. White, Speaker of the Senate.

A true copy, John W. Morton, Secretary of State.

Health Maniacs Again.

The above heading to a very interesting article in the society columns of the Age-Herald of Aug. 28, 1901, by Miss Annie Kendrick Walker, the versatile and erudite editress of this department of that very excellent paper is deserving of notice by the doctors and sanitarians.

The agitation against women wearing trailing skirts on the street has resulted in a remarkable climax. Henry Labanchere, parliamentarian, says in his paper, Truth, that a bill will be introduced when Parliament assembles in January, having for its object the compulsory disinfection of the trailing skirts of women before their wearers are permitted to enter the theatre or other public places.

Wilber Joyce Hay, commenting upon this proposed bill in a London letter to the North American, says:

"At one time it was unfashionable, and even ungentlemanly, for a man to adjust his coattail when sitting down. The action was looked upon as a key to the supposition that he hadn't another coat, and could not afford to muss his coatskirts. It presented the anomaly of insistent care of one's clothes followed by indifference as to subsequent creases. It was a sort of gospel of 'careful carelessness.'

"Some such unwritten fashionable law seems to have taken possession of women. It seems unfashionable to lift one's skirts when treading a dirty crossing—and dirty crossings abound in London. At all events, it is a fact that well-dressed women are at present London's most active scavengers. Their trailing dresses do more for al fresco cleanliness than all the crossing sweepers put together.

"But the medical men see a danger in it, and their vision will materialize into the bill that 'Labby' threatens,"

This aggressive action on the part of the London physicians reaches us just after the cables telling us that long skirts have been prohibited in certain districts of Germany and that a few ultra sanitarians have avenged themselves upon women who persist in wearing trailing dresses by tearing the trains. The fear of bacteria, which is evidently increasing every year, seems to be materially strengthened when even the basis of fear is the long skirt worn by women.

The crusade against trailing skirts is a sensible and practical one, but it is hardly fair to attribute the spreading of germs entirely to the fact that women wear long skirts. The men who have gone "sensation mad," as this germ fever is called, and who take the attire of women as the theme upon which to base their calculations, should go to the core while they are leading in this crusade. The crossings are dirty, it is admitted, and the trailing skirt is a scavenger. The germ that a woman would gladly go blocks to avoid lies at the crossing of the streets and the sidewalks, where a spitting ordinance is not enforced.

The American habit of expectorating in public places is enough to disgust any man with any degree of cleanliness, and yet the sidewalks of the city streets shock the ideas of cleanliness of every woman, whether she has made a scientific investigation of bacilli or is serenely unconscious of a danger recognized by the greatest scientists.

If spitting ordinances were strictly enforced and the sanitary conditions of the cities carefully guarded there would be less need for this tiresome crusade against women. On the other hand, the women who persist in wearing trailing gowns in the streets are decreasing in number, and it is a rare thing to see a woman trailing her gown along the dirty street. If her dress does not entirely escape the ground she does not hesitate to lift it, even at the risk of revealing a run-down shoe.

The art of holding up a long train is a lost one, however, and it is only one woman in a thousand who holds her trailing skirt gracefully. The average woman, in catching up her dress, usually disarranges the placket, and that is more unpardonable than spreading a germ.

Every woman will admit that the short skirt is the practical and comfortable manner of dress for the street. The vogue of the short skirt bids fair to become the national costume. There is no indication that it is losing in favor, for it meets the approval not only of the women who have adopted it, but of the men, who frankly admit that they admire it. It is to the bicycle that women are indebted for the short skirt. Then the rainy-day skirt became a vital question, and this reform became a popular one. The popularity of golf and the other out-door pleasures participated in by women set the fashion for the short skirt. It was found to be the only sensible costume for rainy days, for the links, for the tennis courts. It was natural that women should cling to it for their shopping tours in the crowded streets, where they jostle with any and everybody.

They recognized that the dirty streets furnished more serious reasons for donning a short skirt than did the clean links or the courts; and now they have the doctors and scientists on their side, and their wardrobes are incomplete without one or more short skirts.

But while they accept the theory that long skirts tend to spread disease, they will probably reject the recent argument advanced by the Berlin health maniacs. Not content with tearing the garments of women who wear long skirts, they put under arrest all persons who touch anything in the markets, and the doctors declare that when a man speaks he diffuses bacteria at the rate of millions to the minute. If the health authorities are going to enjoin silence upon the community it is a most auspicious time for the women to raise their voices in protest against the extremes to which the German protectors are in danger of going.

Tri-State Medical Society of Alabama, Georgia and Tennessee.

The Thirteenth Annual Meeting will be held at the Tulane, Nashville, Tuesday, Wednesday and Thursday, Oct. 8, 9 and 10, 1901.

The railroads will give reduced rates on the certificate plan.

The following papers have already been promised:

PARTIAL LIST OF PAPERS.

President's Address.—M. C. McGannon, Nashville, Tenn.

Some Points in the Diagnosis and Treatment of Heart Disease—J. B.

Marvin, Louisville, Ky.

Tuberculosis—Y. L. Abernathy, Hill City, Tenn.

Night Sweats of Phthisis—L. P. Barbout, Boulder, Colo.

Malaria as a cause of Puerperal Eclampsia—E. O. Williamson, Guriey, Alabama.

Static Electricity—J. B. Goodwin, Kingston, Tenn.

Smallpox—Wm. A. Duncan, Chattanooga, Tenn.

Remarks on Some Recent Cases—A. B. Ramsey, McMinnville, Tenn.

Anesthesia in General Practice—J. B., Murfreesboro, Tenn.

Anesthesia—German Baymore, Chattanooga, Tenn.

Local Anesthesia—Cooper Holtzclaw, Chattanooga, Tenn.

Local Anesthetics as Applied to Mucous Membranes—B. F. Travis Chattanooga, Tenn.

Studies of the Blood and Urine in Connection with Anesthesia—H. Berlin, Chattanooga, Tenn.

Autoinfection—A. W. Boyd, Chattanooga, Tenn.

Migraine—Curran Pope—Louisville, Ky.

Report of Committee on Sociology—R. R. Kime, Atlanta, Ga.

(a). Heredity and Acquired Characteristics as a Social Question—R. R. Kime, Atlanta, Ga.

(b). Legislation and its Limitation in Prevention of Crime and Disease—Hon. John Bell Keeble, Nashville, Tenn.

(c). Marriage and Heredity in Relation to Crime and Insanity—T. O. Powell, Milledgeville, Ga.

(d). Tuberculosis; its Prevalence and Prevention—J. D. Cromer—Atlanta, Ga.

(e). Suppression of Consumption—R. C. Bankston, Birmingham, Ala.

(f). Syphilis and Its Prevention as a Social Question—Childs and Campion, Atlanta, Ga.

(g). Syphilis and Its Relation to Eye Disease—A. W. Sterling, Atlanta, Ga.

(h). The Prevalence of Gonorrhea in the Male as a Social Question—W. Frank Glenn, Nashville, Tenn.

(i). Gonorrhea in the Female With Suggestions as to Means of Prevention—W. G. Bogart, Chattanooga, Tenn.

(j). The Development and Control of the Sexual Instinct—J. W. McMillan, Chattanooga, Tenn.

Softening of the Brain—Micheal Campbell, Knoxville, Tenn.

Diagnosis and Treatment of Typhoid Fever—J. C. LeGrand, Birmingham, Ala.

A Plea for the Better Teaching of Physical Diagnosis in Southern Medical Colleges—Hazle Padgett, Columbia, Tenn.

Acute Dysentery: Some Experiences and Report of Cases—Allen E. Cox, Milan, Tenn.

- Limitation in Abdominal Surgery—T. J. Crofford, Memphis, Tenn.
 Conservative Treatment in Appendicitis—W. E. Fitch, Savannah, Ga.
 Trachoma of the Female Genital Tract—A. Plea for Its Early Recognition—J. A. Hale, Alto Pass, Ill.
 Flat Foot—Micheal Hoke, Atlanta, Ga.
 Anatomy of the Genital Organs with Specimen—J. S. B. Woolford, Chattanooga, Tenn.
 Gonorrhea—J. W. Johnson, Chattanooga, Tenn.
 Diseases of the Sigmoid Flexure—W. L. Nolen, Chattanooga, Tenn.
 Infant Feeding—C. S. Durand, Chattanooga, Tenn.
 Scarletina and Its Complications—H. B. Wilson, St. Elmo, Tenn.
 Brain Surgery: Report of Cases—Edwin B. Anderson, Chattanooga, Tenn.
 Rheumatism: Cause or Effect in Affection of the Throat—W. Cheatham, Louisville, Ky.
 The Work of the Laryngologist in Its Relationship to that of the General Practitioner—Richmond McKinney, Memphis, Tenn.
 Superficial Foreign Bodies in the Eye—A. C. Corr, East St. Louis, Ill.
 The Future of the Negro from the Standpoint of the Southern Physician—Seale Harris, Union Springs, Ala.
 Title to be announced—W. D. Gaines, Lafayette, Ala.
 Title to be announced—W. R. Blue, Louisville, Ky.
 Title to be announced—Joseph Price, Philadelphia, Pa.
 The Sanitation of Havana—Chas. M. Blackford, Washington, D. C.
 Pain and Its Pathology—J. E. Clark, Chattanooga, Tenn.
 Traumatic Injury of the Eye: Report of Case—J. T. Herron, Jackson, Tenn.
 Spinal Cocainization—R. E. Fort, Nashville, Tenn.
 A Case of Chorea—F. B. Sloan, Cowan, Tenn.
 Gonorrhea in Relation to Diseases of the Eyes—C. E. Peete, Macon, Ga.

Mr. Dooley on the Practice of Medicine.

"What's Christyan Science?" asked M. Hennessy.

"'Tis wan way iv gettin' th' money," said Mr. Dooley.

"But what's it like?" asked Mr. Hennessy.

"Well," said Mr. Dooley, "Ye have something th' matther with ye. Ye have a leg cut off."

"Th' Lord save us," exclaimed Mr. Hennessy.

"That is, ye think ye have," Mr. Dooley went on. "Ye think ye have a leg cut off. Ye see it goin' an' say ye to ye-ersilf: 'More expinse. A wooden leg.' Ye think ye've lost it. But ye're wrong. Ye're

well as iver ye was. Both legs is attached to ye, on'y ye don't know it. Yecall up a christyan scientist or ye're wife does. Not manny men is christyan scientists, but near all women is, in wan way or another. Ye're wife calls up a christyan scientist, an' says she: 'Me husband thinks he's lost a leg,' she says. 'Nonsense,' says th' christyan scientist, she says, f'r she's a woman, too. 'Nonsense,' says she. 'No man iver lost a leg,' she says. 'Well, 'tis sthrange,' says the wife. 'He's mislaid it thin,' she says, 'f'r he hasn't got it,' she says. 'He on'y thinks he's lostit,' says th' christyan scientist. 'Lave him think it on again,' she says. 'Lave him raymimber,' she says, 'they'se no such thing in th' wurruld,' she says, 'as pain an' injury,' she says. 'Lave him to put his mind hard to it,' she says, an' 'I'll put mine,' she says, an' we'll all put our minds to it, an' twill be all r-right,' she says. So she thinks an' ye think th' best ye know how, an' afther awhile a leg comes peepin' out with a complete set iv tootsies, an' 'be th' time th' last' thought is expinded, ye have a set iv as well-matched gambas as ye iver wore to a picnic. But ye mustin't stop thinkin' or ye're wife or th' christyan scientist. If wun iv ye leaves go th' rope, th' leg 'll get discouraged an' quit growin.' Manny a man's sprouted a limb on'y to have it stop between th' ankle an' th' shin because th' christyan scientist was called away to see what ailed th' baby."

"Sure, 'tis all foolishness," said Mr. Hennessy.

"Well, sir, who can tell?" said Mr. Dooley. "If it wasn't f'r medical progress, I'd be sure th' christyan scientists was wrong. But th' doctor who attinded me whin I was young 'd be thought as loonatical if he was alive today, as th' mos' christyan scientist that iver rayjooiced a swellin' over a long distance tillyphone. He intrajooiced near th' whole parish into this life iv sin an' sorrow, he give us calomel with a shovel, bled us like a polis captain, an' niver thought anny medicine was good if it didn't choke ye goin' down. I can see him now as he come up dhriven' ol' gray an' yellow horse in a buggy. He had whiskers that he cud tie in a knot round his waist, an' him an' th' priest was th' on'y two men in th' neighborhood that carried a goold watch. He used to say 'twas th' healthiest parish in th' wurruld, barrin' hangs an' thtransportations an' thim come in Father Hickey's province. Ivrybody thought he was a gr-eat man but they wudden't lave him threat a spavin in these days. He was catch-as-catch-can n' he'd tackle annything fr'm pneumony iv th' lungs to premachure baldness. He'd niver heerd iv mickrobes an' nather did tell a few years ago whin I was tol' they was a kind iv animals or bugs that crawled around in ye like spiders. I see pitchers iv thim in th' papapers with eyes like poached eggs till I dhreamed wan night I was a hayloft full iv bats. Thin th' dock down th' sthreet set me r-right.

He says th' mickrobes is a vigitable an' ivry man is like a conservatory full iv millyons iv these potted plants. Some ar're good f'r ye an' some ar're bad. Whin th' chube roses an' geranyums is flourishin' an' lift-in' their dainty petals to th' sun, ye're healthy, but whin th' other flower gets th' best iv these nosebags' 'tis time to call in a doctor. Th' doctor is a kind iv gardiner f'r ye. 'Tis his business f'r to encourage th' good michrobes, makin' two pansies grow where wan grew before an' to hoe out th' Canajeen thistle an' milk weed.

"Well, that sounds all r-right, an' I sind f'r a doctor. 'Dock,' says I, 'me vilets ar-re thinnin' out an' I feel as though I was fuul iv sage brush,' I say. Th' dock puts a glass chube in me mouth and says, 'Don't bite it.' 'D'ye think I'm a glass eater?' says I, talkin' through teeth like a Kerry lawyer.' What's it f'r?' I says. 'To take ye're tim-prachoor, says he. While I have th' shube in me mouth he jabs me thumb with a needle an' leaves th' room. He comes back about th' time I'm r-ready to sthrangle an' removes th'shube. 'How high does she spout?' says I. 'Ninity-nine,' says he. 'Good hivens,' says I. 'Don' come near me, dock, orye'll be sun sthruck,' I says. 'I've just examined ye'er blood,' he says. 'Ye're full iv weeds,' he says. Be that time I'm scared to death, an' I say a few prayers, whin he fixes a hose to me chest an' begins listenin'.' Annything goin' on inside?' says I. 'Tis ye're heart,' says he. 'Glory be,' says I. 'What's th' matther with that ol' ingine?' says I. 'I cud tell ye,' he says, but I'll call in Dock Vinthricle, the' specialist,' he says. 'I oughtn't be lookin' at ye're heart at all. I niver learned below th' chin an' I'd be fired be th' union if they knew I was wurrukin' on th' heart,' he says. So he sinds f'r Dock Vinthricle an' th' docks climbs me chest an' listhens an' thin he says: 'They'se something th' matther with his lungs, too,' he says. 'At times they're full iv air, an' again,' he says, 'they ain't,' he says. 'Sind f'r Bellows,' he says. Bellows comes an' pounds me as though I was a roof he was shinglin', an' havin' accidentally hit me below the belt, he sinds f'r Dock Laporattemy. Th' Dock sticks his finger into me as far as th' knuckle. What's that f'r says I. That's O'Hannigan's point,' he says. 'I don't see it,' says I. 'O'Hannigan's must have had a fine sinse iv humor.' 'Did it hurt?' says he. 'Not,' says I, 'as much as though ye'd used an awl,' says I, 'or a chisel,' I says, 'but,' I says, 'it didn't tickle,' I says.

"He shakes his head an' goes out iv th' room with th' others an' they talk it over at tin dollars minyit while I'm layin' there at two dollars a day—docked. Whin they come back, wan iv thim says: 'This here is a mos' inthrestin' case an' we must have th' whole class take a look into it,' he says. It means me, Hinnissy. 'Dock,' he says, 'ye will remove it's brain. Vinthricle, ye will have it's heart, an' Bel-

lows, ye will take it's lungs. As f'r me,' he says 'I will add wan more vermiform appendix to me belt,' he says. ' 'Tis sthrange how our foolish pre-decessors,' says he, 'niver got onto the dangers iv th' vermiform appendix,' he says. 'I have no doubt that that's what kilt Methausalem,' he says. So they mark out their wurruk on me with a piece iv red chalk an' if I get well, I look like a rag carpet. Sometime they lave things in ye Hinnissy. I knowed a man wanst, Moriarity was his name—Tim Moriarty, an' he had to be hem-stitched hurridly because they was goin' to be a ball game that day an' they locked up in him two sponges, a saw, an ice pick, a goold watch an' a pair iv curlin' irons belongin' to wan iv th' nurses. He tol' me he didn't feel well, but he didn't think anythin' iv it till he noticed that he jingled whin he walked.

"That's what they do with ye nowadays, Hinnissy. Ivry time I go into Dock Cassidy's office, he gives me a look that makes me wisht I'd wore a suit iv chain armor. His eyes seem to say, 'Can I come in? Between th' christyan scientists an' him 'tis a question iv whether ye want to be threatened like a loonytic or like a can iv presarved vigibles. Father Kelley says th' styles iv medicine changes like th' styles iv hats. Whin he was a boy, they give ye quinine f'r whatever ailed ye, an' now they give ye sthrychnine an' nex' year they'll be givin' ye proosic acid, maybe. He says they're findin' new things th' matther with ye ivry day, an' ol' things that have to be taken out, ontill th' time is comin' whin not more thin half iv us'll be rale an' th' rest'll be rubber. He says they ought to enforce th' law iv assault with a deadly weepin' again th' doctors. He says that if they knew less about pizen an' more about gruel an' opened fewer patients an' more windows, they'd not be so manny christyan scientists. He says th' diff'rence between christyan scientists an' doctors is that christyan scientists thinks they'se no such thing as disease an' doctors thinks there ain't annything else. An' there ye ar-re."

"What d'ye think about it?" asked Mr. Hennessy.

"I think," said Mr. Dooley, "that if th' christyan scientists had some science an' th' doctors more christyanity, it wouldn't make anny diff'rence which ye called in—if ye had a good nurse."—Buffalo Sunday News.—Buffalo Med. Journal.

I have used Pil. Quin. Dad in several severe cases of influenza and found them all that can be desired.
C. McKane, M. D.
Savannah, Ga.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Fifteenth Annual Session Opens November 4, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A new surgical chair for sale at this office.

Dr. and Mrs. Stubbs spent the month of August in North Carolina.

Dr. T. A. Cassey, of Albertville, Ala., was in the city for a few days on professional business.

Dr. J. C. Perine, of New Orleans, La., representing E. J. Hart & Co., was in the city during the month.

Bismuth Cream and Alimentary Elixir are two excellent preparations which the doctors are prescribing with much satisfaction.

Dr. H. G. Perry of Greensboro, the popular and efficient Treasurer of the Medical Association of the State of Alabama, was in the city during the week.

Dr. S. M. Hogan, of Montgomery, stopped over in Birmingham for a day on his return from Blount Springs, where he had been called to see a patient. Dr. Hogan has been a long, substantial and good friend to this Journal and we are always glad to see him.

The following reports of two cases are given to show the effect of a new remedy, prepared by the action of a fibrin-ferment, (prothrombin) upon a macerated product from *Saraccenia*, the resultant growth being dessicated at a low temperature and triturated. This product is known as Bioplasm (Bower), and its physiological effects indicate an affinity for the nervous system (sympathetic), affecting the vasomotors, as shown by the excretions, and also seems to be an alternative of glandular action.

M. J., woman, 67 years, long sufferer from sciatica. Has not been relieved by regimen, diet, pot. iod., alkalis, colchicum, salicylates, etc. Symptoms profound malaise, anorexia, fetid high colored acid urine, pulse 58, weak and thin, extremities cold; she was greatly depressed,

face drawn and haggard. This was condition at 6:30 p. m., when she took Bioplasm (Bower) grs. xx, dry on tongue. At 7:30 p. m. pulse 64 and full, extremities warm, slight relief from pain, stimulated as by wine. At 8:30 p. m. passed small quantity of high colored urine, but subsequently and throughout treatment urine was clear and plentiful. On second day commenced the regular administration of Bioplasm in grs. xv doses after meals, with restricted diet and laxatives. Improvement was progressive and patient was discharged, cured in 10 days. She had no pain, slept well, appetite good and said she "never felt better." In two months has had no relapse.

Clara M., a chronic neurasthenic, complained of great weakness, anorexia (intolerant of food), and frequent attacks of vomiting as a result doubtless of atonic dyspepsia. She was mentally depressed. In three years persistent treatment she had been temporarily relieved by bromides, *avena sativa*, valerian, electricity, etc., but her debility had increased. Her treatment commenced with Bioplasm (Bower) in grs. xv doses four times daily, which was decreased to three daily on account arterial tension. In eight days she reported no vomiting since; sp. gr. urine increased from 1008 to 1014, with total solids in 24 hours 728 grs; heart's action improved, and she was bright and cheerful. She was then given hemagallol grs. xv with Bioplasm grs. xv, t. i. d. Four months of this treatment with careful attention to bowels, diet and outdoor exercise, resulted in cure. At this time the daily urinary solids reached 1180 grains.

This is one of several cases which have been improved or cured with the above treatment, with addition of lavage and laxative treatment. It must be admitted that this remedy has met indications in such cases which have been problems heretofore. The therapeutic action of Bioplasm cannot be explained on any chemical basis, and only on its cellular action, and by relieving the organism of some autotoxins by glandular stimulation. It is also a strong synergist of the salts of potash and soda, especially the iodide, as well as the mercurial compounds.

VEGETARIAN DIET.

Albu in Medical Record says that the older belief that an exclusively vegetarian diet is insufficient, owing to its poverty in albumin, is no longer tenable. He gives the results of three investigations, of which one is original, proving that vegetable proteids may entirely replace the animal albumins without interfering with metabolism. As a regular regime for the healthy, however, a purely vegetable diet is too inconvenient, owing to the large amounts that must be consumed, the quantity of undigested residue, the monotony, etc., ever to enjoy more than a limited popularity, but in many forms of disease it may

advantageously be adopted. Neurasthenia and neuralgia are especially benefited, and many forms of gastric neurosis do well under it, as also membranous colitis and chronic constipation. Obesity, cardiac and kidney disease, exophthalmic goitre, and many skin affections are all favorably affected. Contraindications are anatomical disease of the stomach or intestinal tract, gastric atony, and all conditions of malnutrition; many persons also exhibit an idiosyncrasy which makes them bear the change badly, and in such cases it should not be persisted in.—Medical Times.

CHRONIC GASTRITIS—REPORT OF A CASE.*

By Dr. Chas. J. Pollard, Princeton, Ky.

Chronic gastritis is a condition of the stomach almost daily met with in this country in a more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

This disease is almost invariably associated with more or less indigestion manifested by many protein symptoms and accompanied by more or less active vomiting of the ingested materials.

The gastric secretions are almost without exception abnormal, many fermentative changes taking place in stomach contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following cases, while not strictly in accord with true homœopathic prescribing, perhaps was so prompt in effect and has proven so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H., came to me from an adjoining county and applied for treatment having been through the hands of two old school physicians, in the last four years.

His age, 57; average build, lean, languid, dull, expressionless eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials pain after eating, nervous depression alternating with occasional attacks of diarrhoea, vomiting, not marked, loss of flesh, weak pulse, flabby muscles, in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug I prescribed *nux vomica* and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st of June, 1900 and gave history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the mean time I had been studying this case arduously, I read of a case having been successfully treated with *hydrozone* and *glyco-*

*Read before the Meeting of Kentucky State Homœopathic Medical Society, May 29, 30, 1901.

zone, then I concluded to use these as adjuvants when patient returned.

Owing to the impossibility of regular lavage I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort he said from accumulations of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and three grains of nux vomica.

The next report was the 16th of July when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one-half years.

Treatment was discontinued of course. I saw this patient recently and he had practically no trouble since last August.

Dr. Finlay Ellingwood, in his excellent *Materia Medica*, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is a most efficient preparation and I shall use it freely in the future.

ACUTE COLITIS IN CHILDREN.

Cantley (London Lancet, May 25, 1901,) reports an epidemic occurring in a certain London barracks. Six out of thirty children were attacked and three out of thirteen adult women. Four of the children died. Only one child under two years—an infant of three months—was attacked. In each case the onset was sudden, with vomiting, diarrhea and pyrexia. Vomiting was the most pronounced symptom. Anorexia was complete, the tongue sometimes clean, sometimes furred, with a dry, brown center. The stools were very frequent, small, green, offensive, and contained bright blood, mucus, and little or no fecal matter. There was no marked tenesmus. There was no tenderness along the colon. The abdomen was sometimes retracted and empty, sometimes moderately distended. There was considerable restlessness and nervous prostration, suggestive of a general toxemia. There was considerable fever throughout. Autopsies in two cases showed the inflammatory process was confined to the colon and the lower part of the ileum, the amount of inflammation in the ileum being of minor importance. In one case a bacteriological examination was made, the bacillus enteritidis sporogenes and the bacillus coli communis being isolated.—Buffalo Med. Journal.

Society Reports.

JEFFERSON COUNTY MEDICAL SOCIETY.

Stated Meeting, Aug. 26, 1901—Dr. W. E. B. Davis, President, in the Chair.

DISCUSSION OF SCARLET FEVER.

Dr. T. D. Parke spoke of the etiology of scarlet fever. The disease is undoubtedly due to a germ, probably a streptococcus, but the exact germ has never been discovered. A streptococcus is found in the nose, throat, skin, and in the discharge from the ears in scarlet fever. The desquamated portions of the cuticle are undoubtedly fruitful sources of infection of new cases. In Birmingham there is usually only a mild throat trouble. It has been Parke's experience that it is quite important to look for redness of the uvula and soft palate. The disease in this locality (Jefferson county) is as a rule very mild, but there is at present a considerable number of cases.

Dr. W. H. Wilder read a paper on the treatment of scarlet fever, which is published in this issue of the Journal.

General Discussion: Dr. R. M. Cunningham spoke of the great difficulty in many cases of tracing the source of infection. He also spoke of the value of disinfection and prophylaxis, and said that in some cases it seemed that the disease would not be carried from one patient to another individual, but urged that the physician should take all "surgical precautions" in order that he might not transmit the disease from his patients to uninfected individuals.

Dr. S. L. Ledbetter said that one reason why the physicians so rarely transmit the infection is the fact that they do not as a rule stay long in the room with the patient nor do they handle the patient very much.

Dr. R. B. Harkness mentioned some cases which he had treated, in which the family consisted of parents and several other children, all of whom had been thoroughly exposed to the sick child, and where isolation was impossible, yet none of the family became infected. The great need of care on the part of the physician and the value of prophylaxis is not argued against by these cases.

Dr. Carlyle K. Yates urged the necessity of the very greatest care on the part of the physician and all persons who come in contact with scarlet fever patients, lest they act as carriers of infection. He cited instances of the danger that might follow any lack of care in either of the above particulars.

Dr. E. H. Sholl spoke of some anomalous cases that had recently come under his observation. One was the case of a child whose sister had just had a typical case of scarlatina. In this second case there was a slight patch of eruption on one shoulder. For two weeks the case ran a septic temperature and on the 15th day the eruption appeared and was well marked. Another case was called to his attention by the boy's mother who said that "Johnnie was peeling off after an attack of nettle-rash!" The boy and his sister had both had a mild attack of scarlatina but had never gone to bed!

Dr. J. M. Mason, Health Officer of Jefferson county, stated that the disease has been endemic in Birmingham since 1892. Since Jan. 1, 1901, nearly 100 cases have been reported to the health officer. It is not improbable that the negro washer women may act as means of spreading the contagium. The City of Birmingham is now disinfecting all houses after scarlet fever cases. The sanitary inspectors have charge of this work.

Dr. C. Wilson urged that more than usual care should be observed by physicians in the handling of scarletina. Though the cases we are now having are very mild, we all know that very severe cases may develop at any time by infection from mild cases. The danger of having an epidemic of scarlatina after the opening of the schools is to be considered and should be carefully guarded against.

Dr. H. S. Ward reported an unusual case. A man with compound fracture of leg was treated in a room with three cases of scarlatina, and suffered no infection.

Dr. I. J. Sellers mentioned cases of labor occurring in same room with scarlatina patients with no infection of the puerperal women.

Dr. W. E. B. Davis urged especially the great necessity of care in the handling of obstetrical cases. There is equally as much if not more danger of infection in an obstetrical case than in an abdominal section, and the obstetrician should be governed accordingly.

In closing, Dr. Parke mentioned the value of Diuretin in the treatment of scarlatinal nephritis.

E. A. J.

In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page 12, this issue.

ANTIKAMNIA AND HEROIN TABLETS.

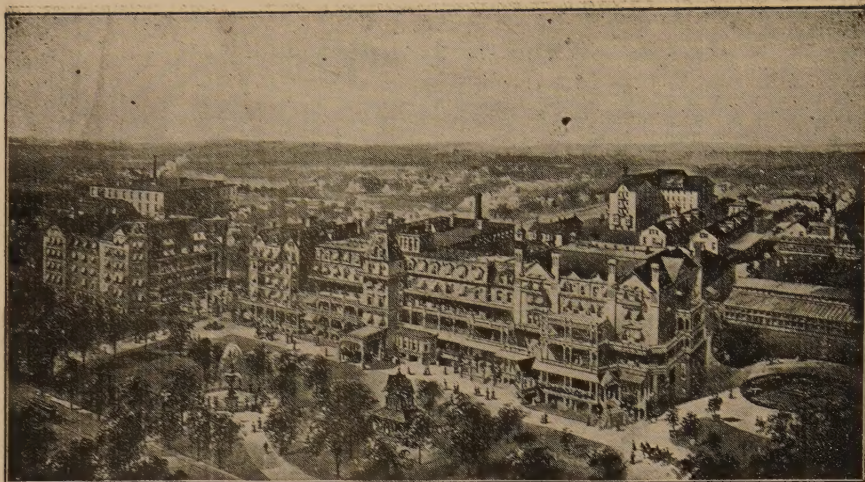
Our readers will find in this number, the announcement of a new remedial preparation, viz:—"Antikamnia & Heroin Tablets," each tablet containing 1-12 grain Heroin Hydrochloride (muriate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of cases submitted by Dr. Uriel S. Boone, Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some peculiar feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs:

Case I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed Antikamnia & Heroin Tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

Case II. Ed. H. Age, 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on Antikamnia & Heroin Tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he can never be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case III. Wm. S. Age 28. Lost 25 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101 with night sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. trophine to relieve the excessive night sweats and one Antikamnia & Heroin Tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these nor any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial and useful to both patient and physician.



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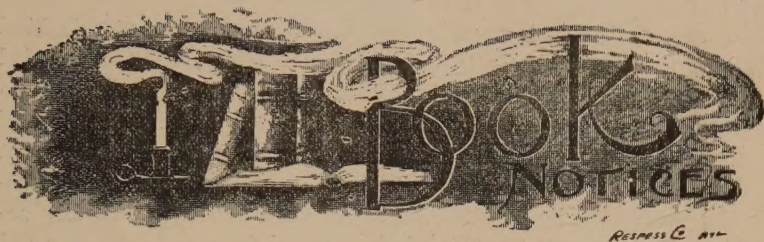
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No use to say that you are not able to buy. The piano or organ will not cost you much at the present prices. Besides you need not pay any money on it until fall, and then only a small part of it. It can be divided up into two or three annual payments, if you prefer.

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found in this, the 7th edition of this popular book. Every physician will find favorite prescriptions, and it will be time well spent in giving some thought and study to them.

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EPISTAXIS.

One is occasionally called to stop an alarming epistaxis, and finds himself without any instruments or drugs with which he may go to work. Some of the following expedients will stop any ordinary nose-bleed:

1. Have the patient to chew a large wad of paper or rag vigorously.
2. Cut a cylinder from a sponge; moisten well, press out all the water, tie a string to the end, and pack firmly as far back in the nostril as possible.
3. If tannic acid is at hand, it may be blown into the nostril from any tube; a pipe stem, a quill, a catheter, or even a roll of paper.
4. Ice to the back of the neck, and to the forehead.
5. Inject very warm water, if syringe be available.

For internal use, the best drugs are gallic acid, iron, hydrastis, ergot and calcium chlorid.—Ex.

SANMETTO IN SPASMS OF BLADDER NECK.

Sanmetto is not new to me as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about forty years of age had spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half hour. I commenced giving her Sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours, every four hours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.

Wm. S. McLean, M. D.

Saginaw, E. S., Mich.